

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Holiday James</i>		<b>Position:</b> 1 or 2	
<b>Station:</b> <i>New Castle</i>	<b>Date:</b> <i>5-21-13</i>	<b>Time:</b> <i>11:00</i>	
<b>Vehicle Make:</b> <i>Toyota</i>	<b>Model:</b> <i>Solara</i>	<b>Year:</b> <i>2008</i>	
<b>GVWR:</b>	<b>Fuel Type:</b>	<b>Registration Number:</b> <i>750056</i>	
<b>Auditor:</b>		<b>Covert / <u>Overt</u> (circle one)</b>	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Lamphy Brian</i>		<b>Position:</b> <i>Lor 2</i>	
<b>Station:</b> <i>New Castle</i>		<b>Date:</b> <i>5-29-13</i>	<b>Time:</b> <i>11:10</i>
<b>Vehicle Make:</b> <i>Ford</i>		<b>Model:</b> <i>F150</i>	<b>Year:</b> <i>2006</i>
<b>GVWR:</b> <i>8200</i>	<b>Fuel Type:</b>	<b>Registration Number:</b> <i>251396</i>	
<b>Auditor:</b>		<b>Covert / Overt</b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013